

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2022 OF THE CONDITION AND AFFAIRS OF THE

HAP Empowered Health Plan, Inc. (Name)

NAIC Group Code _	01311 (Current Period)	,(Prior Period)	NAIC Comp	pany Code	95814	Employer's ID Numbe	er <u>38-3123777</u>
Organized under the La	aws of	Michigan		, State of	Domicile c	or Port of Entry	Michigan
Country of Domicile				United St	ates		
Licensed as business ty	inc, Accide	nt & Health []	Vision S	//Casualty [] ervice Corporation D, Federally Qual	on[] H	Hospital, Medical & Dental Health Maintenance Organ	,
Incorporated/Organize	d	01/01/1994		Commenced B	usiness	01/01	/1994
Statutory Home Office		2850 West Grand (Street and Nu		,		Detroit, MI, US (City or Town, State, Country)	
Main Administrative Off	ice			2850 West			
	Detroit, MI, US	48202		(Street	and Number)	888-654-2200	
(City	or Town, State, Country				((Area Code) (Telephone Number)	
Mail Address		West Grand Boulevar	d	,		Detroit, MI, US 4820	
Dalan and Landing of Da	•	et and Number or P.O. Box)		0.0	JEO MA 4 C	(City or Town, State, Country and	Zip Code)
Primary Location of Boo	oks and Records			28		Grand Boulevard and Number)	
	Detroit, MI, US				(248-443-1093	
	or Town, State, Country	y and Zip Code)			,	Code) (Telephone Number) (Exter	nsion)
Internet Web Site Addre	ess		W	/ww.hap.org/emp	/hap-empo	owered	
Statutory Statement Co	ontact	Dianna L. Rona	an CPA			248-443-1093 (Area Code) (Telephone Numbe	
	dronan@hap	.org				248-443-8610	er) (Extension)
	(E-Mail Addres	ss)				(Fax Number)	
			OFF	ICERS			
Name		Title	Oii	ICERS	Name		Title
Michael Allen Gen	ord M.D,	President and	CEO		in Damsch		Treasurer
Archana Rajeno	dra #	Assistant Secr	etarv	Michelle D	enise Johi Esq.	nson Tidjani	Secretary
Alchana Najen	<u> π</u> , _		•	OFFICERS			occidiary
Marjorie Ann Stat	ten J.D,	Assistant Secr				,	
Objective Academy DI	D 0			OR TRUST		I Too a sele	
Charles Andrew Blo	oom D.O	Michael Allen Ger	iora IVI.D.	_ Kenne	th Michael	reasn	
State of	-	ss					
above, all of the herein de that this statement, togeth liabilities and of the condit and have been completed may differ; or, (2) that stat knowledge and belief, resp	scribed assets were ner with related exhi ion and affairs of the in accordance with the rules or regulation bectively. Furthermo exact copy (except	the absolute property of bits, schedules and expensed reporting entity as the NAIC Annual Statem is require differences in re, the scope of this attefor formatting difference	f the said reportion of the reportion of the reportions reporting not restation by the contraction of the restation by the contraction of the restation of the	ting entity, free and in contained, anne g period stated abo and Accounting Prelated to accounting described officers a	d clear from exed or refe ove, and of ractices and g practices also includes	aid reporting entity, and that on any liens or claims thereon, irred to, is a full and true statists income and deductions the <i>Procedures</i> manual except to and procedures, according to a the related corresponding element. The electronic filing in	except as herein stated, and tement of all the assets and reffrom for the period ended, the extent that: (1) state law the best of their information, ectronic filing with the NAIC,
	len Genord M.D. ent and CEO			Damschroder easurer			n Rajendra It Secretary
Subscribed and sworr		; ,			b. If no 1. S 2. D	tate the amendment numb ate filed	Yes [X] No [] er
					3. N	umber of pages attached	-

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	,	1	1			
Group subscribers:						
			ļ			
						
			+		+	
			+		+	
			†			
						·
	·		1		1	
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed			-			
0299999 Total group	0	L0	0	L0	0	L0
0399999 Premiums due and unpaid from Medicare entities	2,963,801					2,963,801
0299999 Total group	2,757,345					2,757,345
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	5,721,146		0	0	0	5,721,146

EXHIBIT 3 - HEALTH CARE RECEIVABLES

	112/12/11/07/1					
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
O199998 - Aggregate of amounts not individually listed above. O199999 - Pharmaceutical Rebate Receivables O299998 - Aggregate of amounts not individually listed above. O299999 - Claim Overpayment Receivables O699998 - Aggregate of amounts not individually listed above. O699999 - Other Health Care Receivables	2,656,434	31 - 00 Days	01-90 Days	Over 90 Days	Nonadmitted	2 656 434
0199990 - Aggregate of amounts not individually listed above.	2,656,434	n n	1	0	0	2,656,434 256,486 256,486 21,875 21,875
0790908 - Angrenate of amounts not individually listed above	256,486	0	· ·	0	Ů,	256 486
0200000 - Claim Quernayment Receivables	256,486	0	1	0	0	256 486
0600008 - Angrenate of amounts not individually listed above	21,875	0	· ·	0	0	21 875
0809099 - Other Health Care Receivables	21,875	N. Carlotte	1	0	0	21 875
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0799999 Gross Health Care Receivables	2,934,795	0	0	0	0	2,934,795

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected ring the Year		ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivable	1 On Amounts Accrued Prior to January 1 of Current Year	2	3 On Amounts Accrued	4	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	1,979,884	7,030,181		2,656,434	1,979,884	2,113,892
Claim overpayment receivables				256,487	0	431,419
Loans and advances to providers					0	
Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables				21,875	0	14,898
7. Totals (Lines 1 through 6)	1,979,884	7,030,181	0	2,934,797	1,979,884	2,560,209

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims	_	_	_	-
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid	n			Λ	Λ	
0299999 Aggregate accounts not individually listed-uncovered	302,674	1,923	(120)	(1,376)	(25,779)	277 ,322
0399999 Aggregate accounts not individually listed-covered	4,201,260	(488,029)	(33,859)	(51,040)	(165,983)	3,462,349
0499999 Subtotals	4,503,934	(486, 106)	(33,979)	(52,416)	(191,762)	3,739,67
0599999 Unreported claims and other claim reserves	· · · · · ·	, ,				26,802,084
0699999 Total amounts withheld						
0799999 Total claims unpaid		·		· · · · · · · · · · · · · · · · · · ·	·	30,541,75
0899999 Accrued medical incentive pool and bonus amounts						1,274,899

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	tted
						7	8
Name of Affiliate	1 - 30 Days 2,585,413	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Health Alliance Plan	2,585,413					2,585,413	
0199999 Individually listed receivables	2,585,413	0	 0	 0	<u> </u> 0	2,585,413	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	2,585,413	0	0	0	0	2,585,413	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Health Alliance Plan.		2,933,004	2,933,004	
0199999 Individually listed payables		2,933,004	2,933,004	0
0199999 Individually listed payables				
0399999 Total gross payables		2,933,004	2,933,004	0

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups	39,781,862	18.6	66,518	156 . 9	39,781,862	
2. Intermediaries	0	0.0		0.0		
3. All other providers		0.0		0.0		
4. Total capitation payments		18.6		156 . 9	39,781,862	
Other Payments:						
5. Fee-for-service	4,934,292	2.3	xxx	XXX	56 , 161	4,878,13
Contractual fee payments	169,679,786	79.1	xxx	XXX	44 , 226 , 189	125,453,59
Bonus/withhold arrangements - fee-for-service	0	0.0	xxx	XXX		
Bonus/withhold arrangements - contractual fee payments	0	0.0	xxx	XXX		
9. Non-contingent salaries	0	0.0	xxx	XXX		
10. Aggregate cost arrangements	0	0.0	xxx	XXX		
11. All other payments	0		xxx	XXX		<u> </u>
12. Total other payments	174,614,078	81.4	xxx	XXX	44,282,350	130,331,72
13. Total (Line 4 plus Line 12)	214,395,940	100 %	XXX	XXX	84,064,212	130,331,72

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EARIBIT / - PART 2 - SUMMART OF TRANSACTION	A2 AALLILIIATED	MILDIANIL	3	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	NONE			1	
	INCHI				
					
				-	-
				·	
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures	 					
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HAP Empowered Health Plan, Inc. 2.

											(LOCATI							
AIC Group Code 01311 BUSINESS IN THE STA	ΓΕ OF Michigan				DURING	3 THE YEAR 20)22					NAIC Company	y Code	95814				
	1		Comprehensive Hospital & Medical)						5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Nor Health				
Total Members at end of:																		
1. Prior Year	33 , 120							4 ,515	28,605									
2 First Quarter	35,025							4 , 347	30,678									
3 Second Quarter	37 , 583							4,446	33 , 137									
4. Third Quarter	39,531							4,680	34,851									
5. Current Year	42,391							4,832	37,559									
6 Current Year Member Months	453,241							54,706	398,535									
Total Member Ambulatory Encounters for Year:																		
7. Physician	569,989							296,551	273,438									
8. Non-Physician	119,201							33,531	85,670					-				
9. Total	689,190	0	0	0	0	0	0	330,082	359,108	0	0	0	0					
10. Hospital Patient Days Incurred	24,092							8,907	15,185									
11. Number of Inpatient Admissions	4,375							1,298	3,077									
12. Health Premiums Written (b)	245 , 822 , 147							120,070,891	125 , 751 , 256									
13. Life Premiums Direct	0																	
14. Property/Casualty Premiums Written	0																	
15. Health Premiums Earned	245,822,147							120,070,891	125 , 751 , 256									
16. Property/Casualty Premiums Earned	0																	
17. Amount Paid for Provision of Health Care Services	214,395,940							101,990,060	112,405,880									
18. Amount Incurred for Provision of Health Care Services	212,484,881							100,901,167	111,583,714									

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$120,070,891



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HAP Empowered Health Plan, Inc. 2.

AIC Group Code 01311 BUSINESS IN THE STATE	F OF Consolidated	4			DURING	G THE YEAR 20	122				(LOCATIO	DN) NAIC Compan	v Code	95814
The Group Gode Cloth	1	Compre Hospital &		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other N Healt
Total Members at end of:														
1. Prior Year	33 , 120	0	0	0	0	0	0	4,515	28,605	0	0	0	0	
2 First Quarter	35,025	0	0	0	0	0	0	4,347	30,678	0	0	0	0	
3 Second Quarter	37,583	0	0	0	0	0	0	4,446	33 , 137	0	0	0	0	
4. Third Quarter	39,531	0	0	0	0	0	0	4,680	34,851	0	0	0	0	
5. Current Year	42,391	0	0	0	0	0	0	4,832	37,559	0	0	0	0	
6 Current Year Member Months	453,241	0	0	0	0	0	0	54,706	398,535	0	0	0	0	
otal Member Ambulatory Encounters for Year:														
7. Physician	569,989	0	0	0	0	0	0	296,551	273,438	0	0	0	0	
8. Non-Physician	119,201	0	0	0	0	0	0	33,531	85,670	0	0	0	0	
9. Total	689,190	0	0	0	0	0	0	330,082	359,108	0	0	0	0	
10. Hospital Patient Days Incurred	24,092	0	0	0	0	0	0	8,907	15, 185	0	0	0	0	
11. Number of Inpatient Admissions	4,375	0	0	0	0	0	0	1,298	3,077	0	0	0	0	
12. Health Premiums Written (b)	245,822,147	0	0	0	0	0	0	120,070,891	125,751,256	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	245,822,147	0	0	0	0	0	0	120,070,891	125,751,256	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	214,395,940	0	0	0	0	0	0	101,990,060	112,405,880	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	212,484,881	0	0	0	0	0	0	100,901,167	111,583,714	0	0	0	0	

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$120,070,891

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC	-			Di-ii	Type Of	Type Of		Unannad	Reserve Liability	Reinsurance Payable on Paid and Unpaid Losses		Formula NA/Adala and
Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Reinsurance Assumed	Business Assumed	Premiums	Unearned Premiums	Unearned Premiums	and Unpaid Losses	Coinsurance Reserve	Funds Withheld Under Coinsurance
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9999999	Totals						0	0	0	0	0	0

SCHEDULE S - PART 2

1 NAIC Company Code Accident and Heal				nsuring Company as of December 31, Current 5	6	7
Company Code Accident and Heal	ID Number	F#+:				
Accident and Heal	INGILIDO	Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
16535	lth - Non-Affilia	ates - U.S. Non-Aff	iliates			
	36-4233459	01/01/2020	ZURICH AMER INS CO.	NY	0	
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9999999 Tota	als—Life Δηριί	ity and Accident ar	ld Health		0	(

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9999999 Totals

SCHEDULE S - PART 3 - SECTION 2

			Re	insurance Ceded	Accident and Heal	th Insurance Liste	d by Reinsuring Com	pany as of Decem	ber 31, Current Year				
1	2	3	4	5	6	7	8	9	10	Outstanding :	Surplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code		Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
	count - Authorize	d – Non-Affiliat	es - U.S. Non-Affiliates				·	,			•	•	
	36-4233459		ZURICH AMER INS CO	NY	SSL/I								
			Non-Affiliates - U.S. Non-Affiliates				753,744	(0	0	0	0	0
			Non-Affiliates - Total Authorized Non-Affiliates				753,744	(0	0	0	0	0
1199999 -	- General Account	- Authorized -	Total General Account Authorized				753,744	(0	0	0	0	0
4599999	- General Account	- Total General	Account Authorized, Unauthorized, Reciprocal Jur	isdiction and Certif	ied		753,744	(0	0	0	0	0
9199999	- Total U.S. (Sum	of 0399999, 089	9999, 1499999, 19999999, 2599999, 3099999, 3699999	, 4199999, 4899999,	5399999, 59999999, 64	99999, 7099999,							
7599999,	8199999 and 8699	999)					753,744	(0	0	0	0	0
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753,744

Schedule S - Part 4
NONE
Schedule S - Part 5 NONE

SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	277	240	399	631	813
3. Title XIX-Medicaid	477	366	715	316	235
4. Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses	212,394	178,324	1,251	1,488,721	2,186
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable		0	0	0	0
Reinsurance recoverable on paid losses	0	352	1,113	3,098	2,877
9. Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	68 , 440 , 189		68 , 440 , 189
2.	Accident and health premiums due and unpaid (Line 15)	7,618,810		7,618,810
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	16,320,853		16,320,853
6.	Total assets (Line 28)	92,379,852	0	92,379,852
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	30,541,754	0	30,541,754
8.	Accrued medical incentive pool and bonus payments (Line 2)	1,274,899		1,274,899
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.				
12.				
13.				
14.				30,651,118
	Total liabilities (Line 24)		0	
16.			XXX	29,912,082
	Total liabilities, capital and surplus (Line 34)	92,379,853	0	92,379,853
	NET CREDIT FOR CEDED REINSURANCE	02,010,000	0	02,010,000
18.	Claims unpaid.	0		
19.	Accrued medical incentive pool.			
20.	Premiums received in advance			
21.	Reinsurance recoverable on paid losses	0		
22.				
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

	Į				isiness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	ľ						
7. Connecticut	CT						
8. Delaware	DE						
District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. lowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana							
20. Maine	ME					<u> </u>	
21. Maryland							
22. Massachusetts							
	MI						
23. Michigan							
24. Minnesota							
25. Mississippi	MS						
26. Missouri							
27. Montana			\ () \ 				
28. Nebraska	NE		NOINE				
29. Nevada							
30. New Hampshire							
31. New Jersey							
32. New Mexico							
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	HO						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island							
41. South Carolina							
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah							
46. Vermont	VT						
47. Virginia	l l						
48. Washington							
49. West Virginia							
50. Wisconsin						<u> </u>	
						<u> </u>	
51. Wyoming							
53. Guam							
54. Puerto Rico						†	
55. US Virgin Islands						·	
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien	OT I		1		1	1	i e

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management,	If Control is Ownership		Is an SCA Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	1	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)		*
	Henry Ford Health Systems					·	Health Alliance Plan of						Henry Ford Health		
01311	Group	95844	38-2242827				Michigan	MI	UDP	Henry Ford Health System	.Ownership	1.0	System		
	Henry Ford Health Systems		.				Alliance Health and Life	l		Health Alliance Plan of			Henry Ford Health		
01311	Group	60134	38-3291563				Insurance Company	MI	I A	Michigan	Ownership	1.0	System		
00000	Henry Ford Health Systems	00000	00 0054405				Administration System Research		NII A	Health Alliance Plan of	O	4.0	Henry Ford Health		
00000	Group Henry Ford Health Systems	00000	38 - 2651185				Corporation	·	NIA	Michigan Health Alliance Plan of	Ownership	1.0	System Henry Ford Health		
01311	Group	95814	38-3123777				HAP Empowered Health Plan, Inc	MI	RE	Michigan.	Ownership.	1.0	System		
01311	Henry Ford Health Systems	950 14	. 30-3123///				That Empowered Hearth Frant, The	JWI 1	NL	I WI GIT Yarı		1.0	3y S t Gill		
00000	Group	00000	38-1357020				Henry Ford Health System		UIP						
00000	Henry Ford Health Systems		100 1007 020				Henry Ford Wyandotte Hospital		1				Henry Ford Health		
00000	Group	00000	38-2791823				Corp		NIA	Henry Ford Health System	Ownership	1.0	System	l	
	Henry Ford Health Systems						· '			, ,	'		Hénry Ford Health		
00000	Group	00000	38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System	.Ownership	1.0	System		
	Henry Ford Health Systems						Henry Ford Macomb Real Estate,						Henry Ford Health		
00000	Group	00000	38-2947657				LLC		NIA	Henry Ford Health System	. Ownership	1.0	System		
	Henry Ford Health Systems												Henry Ford Health		
00000	Group	00000	38 - 2565235				Fairlane Health Services Corp		NIA	Henry Ford Health System	. Ownership	1.0	System		
00000	Henry Ford Health Systems	00000	33-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		
00000	Group Henry Ford Health Systems	00000	33-1210720				Metropolitan Detroit Area		N I A	neilly fold nearth system	. Ownership	1.0	Henry Ford Health		
00000	Group	00000	38 - 1958953				Hospital Services. Inc.		NIA	Henry Ford Health System	Ownership.	0.3	System		
00000	Henry Ford Health Systems	00000	100-1000000				1		1	l l l l l l l l l l l l l l l l l l l			Henry Ford Health		
00000	Group	00000	90-0840304				Henry Ford Innovation Institute		NIA	Henry Ford Health System	Ownership	1.0	System		
	Henry Ford Health Systems						Henry Ford Health System]	1			Henry Ford Health		
00000	Group	00000	23-7383042				Foundation		NIA	Henry Ford Health System	.Ownership	1.0	System		
	Henry Ford Health Systems												Henry Ford Health		
00000	Group	00000	32-0306774				Henry Ford Physician Network		NIA	Henry Ford Health System	.Ownership	1.0	System		
00000	Henry Ford Health Systems	00000	00 0000000				Northwest Detroit Dialysis		NII A	Harris Frank Harrista Overton	O	0.0	Henry Ford Health		
00000	Group	00000	38 - 3232668				Centers	-	NIA	Henry Ford Health System	. Ownership	0.6	SystemHenry Ford Health		
00000	Henry Ford Health Systems Group	00000	45-5325853				Home Dialysis Specialty Center		NIA	Henry Ford Health System	Ownership.	0.3	System.		
00000	Henry Ford Health Systems	00000	40-0020000				Macomb Regional Dialysis	-	N1/\	Therity ford hearth system			Henry Ford Health		
00000	Group	00000	26-0423581				Centers LLC		NIA	Henry Ford Health System	Ownership	0.6	System		
	Henry Ford Health Systems		1						1	Systement	1		Henry Ford Health		
00000	Group	00000	38-1378121				Sha Realty Corp		NIA	Henry Ford Health System	Ownership	1.0	System		
	Henry Ford Health Systems									,	,		Henry Ford Health		
00000	Group	00000	90-0659735				Pace Southeast Michigan		NIA	Henry Ford Health System	.Ownership	0.5	System		
	Henry Ford Health Systems						l., _ , ,						Henry Ford Health		
00000	Group	00000	26-3896897	[Henry Ford West Bloomfield		NIA	Henry Ford Health System	. Ownership	1.0	System		
00000	Henry Ford Health Systems	00000	20 2222402				D Con 110 (d/h/o Ontinoss)		NI A	Hanny Fond Hanlik Custin	O	4.0	Henry Ford Health		
00000	Group	00000	38 - 3322462	-[P Cor, LLC (d/b/a Optimeyes)		NIA	Henry Ford Health System	0wnership	1.0	System		
00000	Henry Ford Health Systems Group	00000	41-2223561				Henry Ford Pathology		NIA	Henry Ford Health System	Ownership.	1.0	Henry Ford Health System		
00000	, στοαρ		1414242001	-			Henry Ford Physicians		1N 1 A	Them's ford hearth system		1.0	Uy 3 t 5111		
	Henry Ford Health Systems						Accountable Care Organization,						Henry Ford Health		
00000	Group	00000	46-5746225				LLC		NIA	Henry Ford Health System	Ownership	1.0	System.		
	1						1	1	7	1 . ,	-1		1 - /		

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to '		Management,	Ownership		Filing	
Group		Company		Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
00000	Henry Ford Health Systems	00000	30-0092342				Center for Complementary and Integrative Medicine		NIA	Henry Ford Health System	Ownerchin	1.0	Henry Ford Health System		
00000	Group Henry Ford Health Systems	00000	30-0092342				Henry Ford Health System		NIA	heilly rold health system	Ownership	1.0	Henry Ford Health		
00000	Group	00000	46-4064067				Government Affairs Services		NIA	Henry Ford Health System	Ownership	1.0	System.		
	Henry Ford Health Systems						Henry Ford Elijah McCoy						Henry Ford Health		
00000	Group	00000					Condominium Association		NIA	Henry Ford Health System	Ownership	1.0	System		
	Henry Ford Health Systems										l		Henry Ford Health		
00000	Group	00000	46 - 5291602				HFHS-SCA Holdings, LLC		NIA	Henry Ford Health System	Ownership	0.5	System.		
00000	Henry Ford Health Systems Group	00000	47 - 1436663				Michigan Metro Dialysis, LLC		NIA	Henry Ford Health System	Ownership	0.2	Hénry Ford Health System		
00000	Henry Ford Health Systems	00000	147 - 1430003				I miciligali metro bialysis, LLo		N 1 / /	l l l l l l l l l l l l l l l l l l l	. Owner strip		Henry Ford Health		
00000	Group	00000	98-0128041				Caymich Insurance Company, LTD			Henry Ford Health System	Ownership	0.5	System]	
	Henry Ford Health Systems										· '		Hénry Ford Health		
00000	Group	00000	. 41-2176000				IRB Medical Equipment, LLC		NIA	Henry Ford Health System	Ownership	0.4	System		
00000	Henry Ford Health Systems	00000	20 2000022				Mad Chan Ambulance		NII A	Hanny Fand Haalth Cyatan	O	0.0	Henry Ford Health		
00000	Group Henry Ford Health Systems	00000	. 38-2666933				Med Star Ambulance Macomb County EMS Medical		NIA	Henry Ford Health System	Ownership		SystemHenry Ford Health		
00000	Group	00000	26-3421732				Control Authority		NIA	Henry Ford Health System	Ownership	0.3	System		
00000	Henry Ford Health Systems	00000	20 0421702				Community Health Technology			line in a right in dystom	0 #1101 0111 p		Henry Ford Health		
00000	Group	00000	. 37 - 1502443				Network		NIA	Henry Ford Health System	Ownership	1.0	System		
1	Henry Ford Health Systems												Henry Ford Health		
00000	Group	00000	87 - 2121325				HFHS-Acadia Joint Venture, LLC		NIA	Henry Ford Health System	Ownership	0.2	System.		
00000	Henry Ford Health Systems Group	00000					G3 Pharmaceuticals		NIA	Henry Ford Health System	Ownership	0.1	Henry Ford Health System		
00000	Henry Ford Health Systems	00000	1	1			100 Filatiliaceut (Cars		N I A	l learth System	. Owner Sirrp	J	Henry Ford Health		
00000	Group	00000					Cottage Condominium Association.		NIA	Henry Ford Health System	Ownership	0.3	System		
	Henry Ford Health Systems									, , , , , , , , , , , , , , , , , , , ,			Hénry Ford Health		
00000	Group	00000					KARETech Medical Devices		NIA	Henry Ford Health System	Ownership	0.1	System		
00000	Henry Ford Health Systems	00000					DDAM Haldings IIIC		NII A	Hanny Fand Haalth Cyatan	O	0.4	Henry Ford Health		
00000	Group Henry Ford Health Systems	00000					PRAM Holdings, LLC		NIA	Henry Ford Health System	Ownership	0.1	SystemHenry Ford Health		
00000	Group	00000					Truveta, Inc.		NIA.	Henry Ford Health System	Ownership	0.2	System		
	Henry Ford Health Systems		1	1			1			January 1 or a riser til Gyston	1		Henry Ford Health		
00000	Group	00000					Henry Ford Physician Partners		NIA	Henry Ford Health System	Ownership	1.0	System		
00000	Henry Ford Health Systems	00000	07 4405050				Henry Ford Home Recovery Care,						Henry Ford Health		
00000	Group	00000	. 87 - 1165650				LLC		NIA	Henry Ford Health System	Ownership	J0.5	System		
00000	Henry Ford Health Systems Group	00000					HFHS - MSU Health Sciences		NIA	Henry Ford Health System	Ownership	0.5	Henry Ford Health System		
00000	Henry Ford Health Systems	00000	1	1						I on a rical till bystom	10 milor 3111 p	J	Henry Ford Health	[
00000	Group	00000					CarePath Rx Holdings, LLC		NIA	Henry Ford Health System	Ownership	0.0	System		
	Henry Ford Health Systems						Henry Ford GoHealth Urgent Care			<u> </u>			Henry Ford Health		
00000	Group	00000	. 87 - 1466014				Mgmt, LLC		NIA	Henry Ford Health System	Ownership	J0.5	System.		
00000	Henry Ford Health Systems	00000					DoDro Holdings IIC		NI A	Honry Ford Hoolth Custom	Ownership	0.0	Henry Ford Health		
00000	Group Henry Ford Health Systems	00000					DePre Holdings, LLC		NIA	Henry Ford Health System	Ownership	J	System Henry Ford Health		
00000	Group	00000					ExPre Holdings, LLC		NIA	Henry Ford Health System	Ownership	0.1	System.		
	Henry Ford Health Systems									January 1 or a riser til Gyston	1		Henry Ford Health		
00000	Group	00000	88-4413164				Healthy Population LLC		NIA	Henry Ford Health System	Ownership		System		

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	-		'		ŭ	Name of			10		Type of Control	.0	''	"	
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of	L	to		Management,	Ownership		Filing	
Group		Company		Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
	Henry Ford Health Systems	00000	20 2750420				Henry Ford Allegiance Health		NII A	Hanny Ford Haalth Cyatan	O	4.0	Henry Ford Health		
	Group	00000	38-2756428	-			Group	-	NIA	Henry Ford Health System	Ownership	1.0	SystemHenry Ford Health		
	Henry Ford Health Systems	00000	38-2024689				Hanry Ford Allegiance Health		NIA	Henry Ford Allegiance Health	Ownership	1.0	System		
	GroupHenry Ford Health Systems	00000	30-2024009				Henry Ford Allegiance Health		NIA	GroupHenry Ford Allegiance Health	Townership	1.0	Henry Ford Health		
	Group	00000	38-1218485				Henry Ford Allegiance Carelink		NIA	Group	Ownership	1.0	System		
	Henry Ford Health Systems	00000	. 30 - 12 10403				Henry Ford Allegiance Health		N I A	Henry Ford Allegiance Health	. Owner Sirrp	1.0	Henry Ford Health		
	Group	00000	38-3607833				Foundation		NIA	IGroup	Ownership	1.0	System		
00000	Henry Ford Health Systems	00000	. 00-000/000				T ouridat ron			Henry Ford Allegiance Health	. Owner 3111 p		Henry Ford Health		
	Group	00000	38-3370242				Henry Ford Allegiance Pharmacy		NIA	Group	Ownership	1 0	System.		
	Henry Ford Health Systems		00 001 02 12				1			Henry Ford Allegiance Health			Henry Ford Health		
	Group	00000	38-2756425				Healthlink		NIA	Group	Ownership	1.0	System		
	Henry Ford Health Systems									Henry Ford Allegiance Health			Henry Ford Health		
00000	Group.	00000	45-3253643				Jackson Health Network, L3C		NIA	Group.	Ownership	1.0	System		
	Henry Ford Health Systems									Henry Ford Allegiance Health			Henry Ford Health		
		00000					Telehealth Michigan		NIA	Group	Ownership	1.0	System		
	Henry Ford Health Systems									Henry Ford Allegiance Health			Henry Ford Health		
	Group	00000	38-2594857				Physicians Choice Network, LLC		NIA	Group	Ownership	1.0	System		
	Henry Ford Health Systems									Henry Ford Allegiance Health			Henry Ford Health		
00000	Group	00000					It's Your Life Services, LLC		NIA	Group	Ownership	1.0	System		
	Henry Ford Health Systems	00000	00 0000007							Henry Ford Allegiance Health		4.0	Henry Ford Health		
	Group	00000	38-2336367				Henry Ford Allegiance Hospice		NIA	Group	Ownership	1.0	System		
	Henry Ford Health Systems	00000	84-2047106				Cross Lake Currenty Contar IIC		NIA	Henry Ford Allegiance Health	Ownership	0.5	Henry Ford Health System		
00000	GroupHenry Ford Health Systems	00000	04-204/ 100				Grass Lake Surgery Center, LLC		N I A	Henry Ford Allegiance Health	Townership	0.3	Henry Ford Health		
	Group	00000	38-3316836				Jackson Community Ambulance		NIA	Group	Ownership	0.5	System		
00000	Henry Ford Health Systems	00000	. 50 -55 10050	-			Jackson Community Amburance		N I M	Henry Ford Allegiance Health	. Owner Simp	J	Henry Ford Health	1	
	Group	00000	38-3017711				Foote Health Center Associates		NIA	Group	Ownership	0.6	System		
	Henry Ford Health Systems	00000	00 00 177 11				Emergency Medical Services			Henry Ford Allegiance Health	, o #1101 3111 p		Henry Ford Health		
	Group	00000	38-2361692				Council of Jackson County		NIA	Group	Ownership	0.5	System		
	Henry Ford Health Systems									Henry Ford Allegiance Health			Henry Ford Health]	
	Group	00000	84-2287892				Grass Lake Real Estate, LLC		NIA	Group.	Ownership	0.5	System]	
							,			,					

Asterisk	Explanation Explanation

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SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	2	3	4	5	6	7	8	9	10	11	12	13
1	-		·	, and the second	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the		Income/ (Disbursements) Incurred Under		Any Other Material Activity Not in the Ordinary Course of	-	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Loans or Other	Benefit of any Affiliate(s)	Agreements and Service Contracts	Reinsurance Agreements	*	the Insurer's Business	Totals	Credit Taken/(Liability)
95844	Number	Health Alliance Plan of Michigan	Dividends	Contributions	invesiments	Allillate(s)	24 450 256	Agreements		business	21 450 256	raken/(Liability)
90044							31,409,000		ł	•	31,409,000	f
95814		Henry Ford Health System. HAP Empowered Health Plan					31,459,356 37,053,551 (77,557,733)		ł	•	31,459,356 37,053,551 (77,557,733)	f
930 14		Inary Ford Wyondette					3,138,873		+		3,138,873	i
		Henry Ford Macomb Hospital Henry Ford West Bloomfield					5,182,034					f
		Henry Ford Wacomb Hospital		 		····	34,774		 	†	5, 182, 034	f
		Thenry Ford West Broomiteid.		 					ł	+	34,774	t
		P Cor, LLC					32,673		ļ		32,673	t
		Morthwest Detroit Dialysis Centers Macomb Regional Dialysis Centers LLC. Henry Ford Pathology. Center for Complimen and Integrated Medi W.A. Foote Memorial Hospital					477,003		ļ		477,003	
		Macomb_Regional Dialysis Centers LLC					68,194		ļ			ł
		Henry Ford Pathology					27,021		ļ		27,021	·····
		Center for Complimen and Integrated Medi					5,789		ļ		5,789	
		W.A. Foote Memorial Hospital					78,465		ļ			ļ
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SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4 Granted Disclaimer	5	6	7	8 Granted Disclaimer
		Ownership Percentage				Ownership Percentage	
Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 2 of Column 1	Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	(Columns 5 of Column 6)	Column 6 (Yes/No)
Health Alliance Plan of Michigan	Henry Ford Health System	100.000 %	NO	Henry Ford Health System	Henry Ford Health Systems Group	100.000 %	NO NO
Alliance Health and Life Insurance Company	Henry Ford Health System Health Alliance Plan of MichiganHealth Alliance Plan of Michigan	100.000 %		Henry Ford Health System.	Henry Ford Health Systems Group	100.000 %	NO.
HAP Empowered Health Plan, Inc.	Health Alliance Plan of Michigan		NO	Henry Ford Health System.	Henry Ford Health Systems Group Henry Ford Health Systems Group	100.000 %	NO.
Importor tourth rull, mo	I with the range of the or with the gard			I STORY FOR THOUSE THE SYSTEM	I I I I I I I I I I I I I I I I I I I	1100.000 %	
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		%				%	
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses				
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES				
2.	Will an actuarial opinion be filed by March 1?	YES				
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES				
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES				
APRIL FILING						
5.	Will Management's Discussion and Analysis be filed by April 1?	YES.				
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES				
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES				
JUNE FILING						
8.	Will an audited financial report be filed by June 1?	YES				
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES				

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

	MARCH FILING						
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO					
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO					
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION					
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filled with the state of domicile and electronically with the NAIC by March 1?	N0					
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0					
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO					
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	N0					
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	N0					
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0					
APRIL FILING							
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO					
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO					
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	N0					
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO					
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION					
AUGUST FILING							

.SEE EXPLANATION.

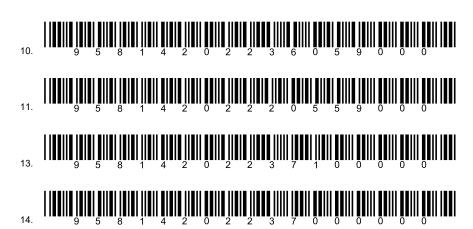
Explanation:

- 12. The company has no shareholders
- 23. The company is not a member of the Michigan Life & Health Insurance Guaranty Association

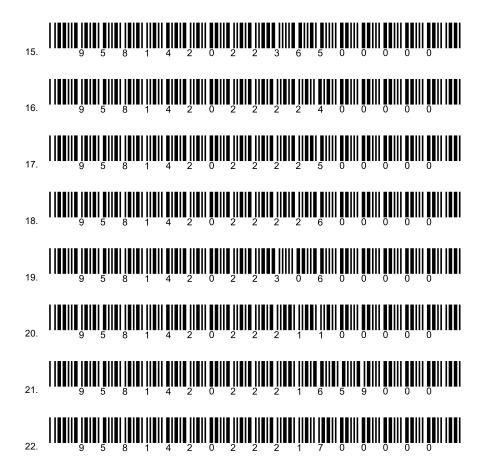
Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

24. The company is not subject to MAR filing

Bar code:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



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